



CONSCIOUS LIVING ARTS
YOGA REGISTRATION/HEALTH HISTORY

Name _____ Birth day/month _____
Address _____
City _____ State _____ Zip _____
Phone (home) _____ (work) _____
(cell) _____ E-mail address _____

Do you have any recent or chronic injuries, illnesses, or physical challenges? ____
If yes, please describe _____
Are you under a doctor's care for them? ____ If yes, have you been okayed
to take yoga? ____ What medications are you taking? _____
What are your medications for? _____

Are you pregnant? ____ How many weeks? ____ What, if any, concerns
have you experienced during this pregnancy or past pregnancies? _____

Do you stretch &/or exercise regularly? ____ How often? _____
What type(s)? _____

Have you taken a yoga class before? ____ How long ago? _____
What type(s)? _____ With whom? _____
How did you hear about Conscious Living Arts? _____
If you are a returning student, what do you appreciate most from the studio and
its' instructors? _____

What is your occupation? _____
How long? _____ Are you under any stress at work? _____

What causes you undue stress in your life? _____
Where in your body do you hold tension? _____
How do you successfully manage stress? _____

What are your dreams for the near future? _____
Long term? _____
What do you feel is your passion, dharma (or mission) in life? _____

In what ways would you like to become more self-aware? _____

What kind of change would you like your yoga practice to inspire? _____

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Emergency Contact Information:

Name _____ Relationship _____ Phone _____

WAIVER

I understand that the activity that I am planning to undertake is voluntary. I release Cindi Buenzli Gertz, Conscious Living Arts, and all independent contractors from any liability in the event of injury. I understand that yoga may help my general well-being but is not considered therapy or a replacement for medical advice from my physician. It is my responsibility to discuss exercise and health concerns with my care providers. I understand that it is solely my responsibility to disclose any existing health conditions. This information will be kept confidential by the instructor and is used solely to make modifications in class.

Signature

Date

PAYMENT/REFUND POLICY

Commit to a session in order to guarantee a space: Payment is due in full one week prior to the start of a session to guarantee a reserved space. No refunds given after the first class. A credit may be issued in special cases at the instructor's discretion. Beginners are required to attend the first class of the session or demo night. Missed classes can be made up within the same session by taking another on-going class. Workshops may not be used as a make-up for missing an on-going class. If a class is canceled by the instructor, every effort will be made to make up the class or the appropriate refund or credit will be issued. Most classes will require a minimum of four students to be held. **It is recommended that beginners and those new to the Kripalu school of yoga or Cindi's teaching style attend Demo Night!**

Barter Agreements: Bartering is available for students who have financial need. All of the above policies apply to the value of the barter. Please consider them carefully before making a commitment.

Punch cards: Punch cards are valid only during the session in which they are issued. Un-used punches may be donated to students with financial need. Punch cards are applicable only to on-going classes and not workshops.

Drop-ins: Students who have a regular practice or experience are welcome to drop-in to any on-going class if availability exists. (Workshops require pre-registration). Check with the instructor for rates and availability.

Workshops: Pre-registration and pre-payment are required! Cancellations are appreciated at least 24 hours in advance by phone (715-268-2860) as there are often waiting lists for workshops.

No student shall be turned away due to financial hardship. Inquire with instructor.

I have read, fully understand, and agree with the above payment and refund policies.

Signature

Date

Please make checks payable to: Cindi Buenzli Gertz and mail with your signed waiver to: Conscious Living Arts, 132 Fay Street, Amery, WI 54001. **Questions?** Call 715-268-2860 or e-mail consciouslivingarts@hotmail.com (checked only once per week).

Thank you for your interest in yoga and for taking the time to complete these forms!

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